

TRANSMITTAL AND ABSTRACT OF SENATE REPORT

Date Presented to the Senate: April 23, 2009

Presenter: David Freund, Chair of the Student Conduct Committee

Subject of Report: Good Samaritan Policy

Senate Document Number: #07-08-20

Voting: (a) on resolutions or recommendations one by one, or
(b) in a single vote
(c) to endorse entire report

A. Statement of Issue:

The Office of Student Conduct's adoption of an administrative protocol entitled *Promoting Responsible Action in Medical Emergencies*.

B. Recommendations:

In an effort to address the current problem of perceived hesitation by students calling for help in medical emergencies when alcohol possession or consumption is involved and would otherwise be in violation of University policy, the Student Conduct Committee recommends that The Office of Student Conduct (OSC) adopt an administrative protocol entitled *Promoting Responsible Action in Medical Emergencies*.

The Office of Student Conduct can utilize Senate approval of this approach to effectively communicate the provisions of *Promoting Responsible Action in Medical Emergencies* to the campus community, and specifically to students. A protocol is an interpretation of how an existing rule is enforced; the passing of this motion further codifies OSC practices with regard to administration of the Code of Student Conduct.

C. Committee Work:

This issue of adopting a Medical Amnesty Policy was considered by the SCC during the 2007-2008 Academic Year, but was ultimately not recommended for consideration by the full Senate. The SEC's renewed charge to the SCC was to examine emergency situations specific to the University of Maryland that were not researched by the SCC during the 2007-2008 year.

On December 12, 2008, the Senate Executive Committee charged the Student Conduct Committee to revisit the need for a Medical Amnesty Policy (MAP). In order to complete this assignment expeditiously, as directed by the Senate Executive Committee, the SCC organized a working group on January 23, 2009. This working group included committee members,

April 14, 2009

engaged students, and representatives of the Office of Student Conduct and the Student Honor Council. This working group collected and evaluated new data regarding Good Samaritan Policies and Medical Amnesty Policies. The working group presented its findings and research report at an SCC meeting on Friday, March 27, 2009.

The report of the Working Group and its recommendations is enclosed with this transmittal form.

At the SCC meeting on Friday, March 27, 2009, the following motion was made:

Motion #1

It was moved that the Student Conduct Committee accept the findings of the report and charge the Office of Student Conduct with crafting a policy which will implement the recommendations of the report.

This motion was carried unanimously.

As a result of this meeting, the Office of Student Conduct drafted a document, which incorporated the recommendations of the Working Group. That document is also enclosed with this transmittal form.

At the SCC meeting on Thursday, April 9, 2009, the following motions were made:

Motion #2

It was moved that the committee forward the current draft document (as amended by The Office of Student Conduct to reflect the changes made to the title and the document by the SCC) to the Senate Executive Committee as a protocol to be adopted by the Office of Student Conduct. This motion was carried by a majority (the result was 5 in favor, 0 opposed, and 1 abstention).

Motion #3

It was moved that the Student Conduct Committee recommend that the Senate Executive Committee accept the recommended protocol to be adopted by the Office of Student Conduct. This motion was carried unanimously.

D. Alternatives:

The Office of Student Conduct could continue with its current practice and not officially adopt the protocol.

E. Risks:

There are no associated risks.

F. Financial Implications:

There are no financial implications.

April 14, 2009

Promoting Responsible Action in Medical Emergencies

Introduction

The health and safety of University students is of paramount concern. All members of the University community are encouraged to act in a responsible manner when an individual may require medical assistance by calling 911 or 301.405.3333 or seeking a University official. In situations in which either a student summoning or requiring help is under the influence of alcohol, the threat of disciplinary sanctions for violating the University's alcohol policy should not be a barrier to responsible action. *Promoting Responsible Action in Medical Emergencies* is an administrative protocol implemented by the Director of Student Conduct intended to provide limited relief from disciplinary action in an effort to encourage students to seek assistance for medical emergencies.

Protocol

A student in possession or under the influence of alcohol who summons medical emergency assistance for him/herself or on behalf of a fellow student experiencing a medical emergency will not face disciplinary charges under the *Code of Student Conduct* or Residence Hall Rules for either possession or use of alcohol. This protocol will also extend to the student for whom medical emergency assistance has been summoned. In lieu of disciplinary charges, students receiving relief under this protocol may be required to be evaluated by Health Center staff and successfully complete an approved alcohol intervention program.

Provisions

This protocol shall not extend to aggravated offenses, when the distribution of alcohol to a person under the legal drinking age is involved, or other offenses not related to the possession or use of alcohol for which this protocol addresses. It also does not provide relief from criminal or civil action. Students with a prior disciplinary record for alcohol related offenses will be evaluated on an individual basis as will be repeat uses of this protocol.

Students falling under the purview of this protocol will be interviewed by either representatives from the Office of Student Conduct or Department of Resident Life, depending upon the location of the incident. Disciplinary and/or residence hall charges will be "deferred" under Part 29 of the *Code* and will be dismissed upon successful completion of an approved alcohol intervention program leaving the student with no disciplinary record. Failure to successfully complete an approved alcohol intervention program will result in the processing of alcohol use or possession charges and, if proven, may result in more severe sanctions.

Representatives of a student organization who summon medical emergency assistance will be relieved from alcohol use or possession disciplinary charges under this protocol for their personal actions. Organization charges and consideration of disciplinary sanctions, if necessary, may be mitigated by the actions taken by representatives.

GOOD SAMARITAN POLICY WORKING GROUP REPORT
Regarding Senate Document Number 07-08-20
Presented to the Senate Student Conduct Committee on March 27, 2009

I. Introduction and Background

At the end of the spring 2008 semester, the Student Conduct Committee (SCC) was charged by the Senate Executive Committee (SEC) with considering a Good Samaritan Policy (GSP) on the University of Maryland, College Park campus. A Good Samaritan Policy would exempt students from university sanctions relating to the possession or consumption of alcohol that may be incurred while calling emergency services for a fellow student in danger due to alcohol consumption (*Please note—a Good Samaritan Policy is distinguished from a Medical Amnesty Policy (MAP) by the fact that an MAP protects the student whose condition has prompted an emergency call. This report makes this distinction when referring to the two respective policies, but it can be assumed that some students and organizations may use these terms interchangeably.*). This issue was considered by the SCC during the 2007-08 year, but was ultimately not recommended for consideration by the full Senate. The SEC's renewed charge to the SCC was to examine emergency situations specific to the University of Maryland that were not researched by the SCC during the 2007-08 year.

A Working Group was formed under the SCC at the beginning of the spring 2009 semester in order to collect the information requested by the SEC. The SCC Good Samaritan Working Group was comprised of senators and non-senators, representing faculty, staff, and students.

The Working Group sought to approach the issue by attempting to answer the following questions:

1. Is the fear of university sanctions causing doubt and/or hesitation about whether to call emergency services for fellow students in life threatening situations due to alcohol consumption a problem on the University of Maryland campus?
2. If yes, would the implementation of a Good Samaritan policy help in alleviating these fears?

The Working Group began working on both questions simultaneously. Dr. Lee Friedman, faculty member of the SCC, and Dr. John Zacker, Director of the Office of Student Conduct, were tasked with examining similar policies implemented at other institutions, as well as new research findings on the topic in higher education.

The remaining members of the Working Group, all undergraduate students, attempted to capture the realities of these situations on campus by talking to those who are directly involved. This included attending the Residence Hall Association (RHA) Amethyst Dialogue on Good Samaritan Policies, conducting a survey of University Student Judiciary members, and hosting an open forum for all undergraduate students to provide testimony.

II. Findings from other institutions

While the charge of this committee was to collect data at this institution, there are some things that can be learned about Good Samaritan Policies at other institutions. The institutions that

will be covered in this section are Muhlenberg College (Allentown, PA) and Cornell University (Ithaca, NY). It should be noted that the Working Group was also contacted by an employee in the Office of Judicial Affairs at Virginia Tech University (Blacksburg, VA) who was compiling a report on adopting a Good Samaritan Policy. The Working Group is currently attempting to obtain a copy of this report when it becomes available, as Virginia Tech is a very comparable large, public, land-grant institution.

Muhlenberg College

Muhlenberg College is a small liberal arts college located in eastern Pennsylvania, with an enrollment of approximately 2,000 students. In January of 2006, Muhlenberg instituted a trial period for a Medical Amnesty Policy that covered a three semester period. Prior to instituting the trial period, focus groups were held, and there was an attempt to determine the kinds of activities that were leading to hospitalizations of students who consumed alcohol. One of the issues the policy sought to address was the fact that many freshmen were drinking in dorms in what is best described as the rapid consumption of hard liquor. During the trial period, Ms. Anita Kelly, the director of the Counseling Center, conducted exit interviews with every student who was hospitalized for alcohol related reasons. The goal of these exit interviews was to be therapeutic in nature rather than judicial. Ms. Kelly also sought to verify if there were issues regarding alcohol abuse for students who sought medical treatment. Not surprisingly, the implementation of this trial period led to an increase in emergency calls for medical assistance due to the excessive consumption of alcohol. This increase in calls was interpreted as an indication that the policy was working. After the three semester trial period, the policy was made permanent.

Cornell University

Cornell University is a large Ivy League university located in upstate New York, with an enrollment of approximately 20,000 students. Cornell instituted a MAP in the fall of 2002. A full paper describing the policy, follow-up research, and a discussion of MAPs in general, was published by Lewis and Marchell in the *International Journal of Drug Policy* (pp. 329–338, volume 17, issue 4, July 2006) and is available online at <http://www.sciencedirect.com>. To lower the barrier towards students calling for help in alcohol related emergencies, Cornell took two steps. The first was to disseminate information about the warning signs of alcohol poisoning via educational means (e.g. posters in dorms). The second was to implement a MAP which included “follow-up psycho-educational intervention[s]” (Lewis & Marchell, 2006, p. 331). To evaluate the policy, medical records involving alcohol related emergencies were examined, reports regarding calls for emergency services were examined, and student surveys were performed. After implementation of the policy, surveys indicated that students were more inclined to call for medical help for an alcohol related emergency as opposed to prior to the implementation of the policy (although the change was not statistically significant). The data collected over a two-year period suggested that calls to emergency services for alcohol consumption did increase, and that there was a decrease in avoiding calling for fear of getting someone in trouble. The increase in calls was interpreted as evidence that the MAP was doing its job. The most common reason cited for not calling for emergency assistance for alcohol consumption was that a person was not sure that someone was sick enough to require medical

intervention – an attempt to address this issue was made through educational means.

Two important conclusions from the Cornell studies are worth mentioning. One is that the authors, citing specific data, state that they “believe MAP alone had an impact because the percentage of students who reported that they did not call for help in an alcohol-related medical emergency because they ‘didn’t want to get the person in trouble’ decreased” (Lewis & Marchell, 2006, p. 335). Secondly, the policy had the unanticipated effect of “[demonstrating] that the university genuinely is concerned about the health and safety of its students” (Lewis & Marchell, 2006, p. 336). This latter comment about the effect of such a policy at the University of Maryland was made by more than one student during the open forum held by the Working Group, which will be discussed further in section IV of this report.

Lewis, D. k., & Marchell, T. C. (2006). Safety first: A medical amnesty approach to alcohol poisoning at a U.S. university. *International Journal of Drug Policy*, 17, 329-338.

III. Recent Research

Director of Student Conduct and Working Group member John Zacker attended a national convention in early February at which a program session addressed this specific topic. Two colleagues of Dr. Zacker from Northwestern University surveyed over 89 colleges and universities asking respondents detailed questions about the creation and administration of these policies. A comprehensive presentation was made to program participants outlining definitions, key elements for a policy, and advantages and disadvantages. In addition, a thorough examination in spreadsheet format was provided to participants and released to our Working Group with the researcher’s permission.

The conclusion drawn after researching these higher education institutions is that not enough data exists to conclude that such policies have the desired effect and that more research is necessary. Anecdotally, however, evidence seems to indicate that a positive effect has resulted at some institutions. Beyond policy implementation, education continues to be a high priority and that a MAP and/or Good Samaritan policy alone is not recommended.

IV. Maryland State Legislation

The Working Group has been tracking legislation introduced by Delegate Kriselda Valderrama (D-Prince George’s County) that would create a Maryland state law similar to the Good Samaritan Policy. The bill protects both the caller and the victim from prosecution for possession and consumption of both alcohol and drugs. The proposed legislation is included as Attachment 1 of the Appendix. Mr. Daniel Reardon, whose son Danny died of alcohol poisoning on campus in 2002, testified in support of the bill. He has also supported the adoption of a Good Samaritan Policy by the University, and has written a letter to the members of the University Senate, which is included as Attachment 2 in the Appendix.

V. University of Maryland Police Department (UMPD)

The Working Group contacted the University of Maryland Police Department (UMPD) in order to obtain experiences of police officers in dealing with students in such situations. All

communications were with Paul Dillon, spokesperson for the department. Mr. Dillon declined the request of the Working Group to speak with individual officers and requested that any questions be directed through him. Mr. Dillon, after speaking with Police Chief Ken Krouse, stated that it is not in the interest of the department to take stances on specific policy proposals such as the Good Samaritan Policy. He noted that the policy would only apply to University sanctions, and would not affect how the UMPD enforced the law. While Mr. Dillon indicated that he believed some officers would agree that students in some cases may hesitate to call for emergency services out of fear of facing sanctions, Chief Krouse said the department “would not be prepared to support or endorse a blanket amnesty statement that we had knowledge or experience or evidence that we have had a problem with reporting an incident where a person was in need of medical assistance.”

VI. Forum and Anecdotal Evidence

The Working Group recognized that the questions at hand, those of fear and uncertainty, could not be answered with statistical evidence alone. The Working Group decided that anecdotal evidence had a significant role to play in determining whether “fear of university sanctions causes doubt and/or hesitation about whether to call emergency services for fellow students in life threatening situations because of alcohol consumption.”

To gather such evidence, the Working Group hosted an open forum on Wednesday, March 11, 2009 for undergraduates to share their stories, experiences, and firsthand knowledge of instances of alcohol-induced medical emergencies. The Working Group’s open forum saw the attendance of approximately 25 students, 16 of which shared personal anecdotes. The minutes from the forum are included as Attachment 3 in the Appendix. Students shared stories of encouraging their roommates or friends to “sleep it off” rather than risk sanctions, of large groups of underage students fleeing scenes of alcohol induced emergencies to avoid sanctions, and of other situations where fear outweighed action. Working Group members responded to student stories by questioning the degree to which fear and uncertainty played a role in their decision making process. They also sought input as to how hesitation could be alleviated. Within the context of these conversations, it was revealed that some students would prefer to receive a citation from the police that would be considered a “charge” rather than a sanction from the University which could be considered a “conviction” and be placed their permanent record. Several students knowledgeable of current sanctions for alcohol violations expressed concern that even being accused of a violation of student conduct could have negative future consequences, such as being forced to reveal this information when applying to post-graduate programs. Overall, the forum provided strong anecdotal evidence to Working Group members that a climate of fear exists among the undergraduate community regarding being sanctioned for underage alcohol consumption.

The Residence Hall Association (RHA) hosted an “Amethyst Initiative and Medical Amnesty Policy Dialogue” on Tuesday February 10, 2009 to foster a discussion of medical amnesty policies among students, many of whom are not involved with the University Senate. The RHA’s Dialogue aimed to promote discussion of medical amnesty policies among undergraduates. Two members of the Working Group were able to attend. The thoughts, opinions, and stories of the

approximately 25 students that spoke conveyed wide-spread student support for the adoption of a Medical Amnesty Policy, although there was significant disagreement over the specifics of a policy. The view that university sanctions cause fear and hesitation when deciding to call for help was particularly pervasive. Working Group members observed that the majority of students at the dialogue did not understand the specifics and the scope of a Good Samaritan Policy, indicating the need for a strong education and outreach strategy if a policy is implemented.

VII. Summary of Student Support

Many students on this campus are aware that this issue is being considered in the University Senate and, where they have been able, have expressed overwhelming support for the need for this policy. In the spring of 2008, the Student Government Association attempted to measure not only undergraduate support for a Good Samaritan/Medical Amnesty Policy, but also whether undergraduates believed such a policy would be effective. A referendum was included on the ballot of the elections for 2008-09. The questions and results are included in Attachment 4 of the Appendix. These results indicate that undergraduate students support the adoption of a Good Samaritan/Medical Amnesty Policy, and believe that it will be effective in increasing the likelihood that they would call for emergency services under such a policy.

One concern that is often cited is that students fear sanctions because they are not aware of which sanctions are actually administered by the University for alcohol violations. To determine whether this was a valid concern, an anonymous survey was sent to members of the University Student Judiciary (USJ) who are well-versed in the University conduct codes. This survey and the results are included as Attachment 5 in the Appendix. It is important to note that half of these students indicated that they would be concerned with future consequences when deciding to call help for a friend that was seriously intoxicated. One of the most frequently cited consequences that these students fear is University sanctions. Thus, many students who are familiar with both the University Code of Student Conduct, as well as the judicial proceedings that follow violations, believe that a Good Samaritan Policy as well as a Medical Amnesty Policy are necessary to alleviate fear of University sanctions.

VIII. Recommendations

Based on the research conducted, the Working Group reached consensus on both of the original questions that we set out to answer. Members agreed that fear of university sanctions causes doubt and/or hesitation in calling for emergency services for fellow students in life threatening situations due to alcohol consumption. The magnitude of this problem is difficult to measure, but it was clear from both the open forum conducted, as well as the results of the USJ survey, that these situations occur frequently enough to pose a potential risk to the safety of students. The Working Group also reached a consensus on the second question that a Good Samaritan Policy would increase the likelihood that students would call for emergency services by alleviating the fear of being sanctioned.

Therefore, the Working Group recommends the following:

- ✦ The University should adopt a Good Samaritan Policy, which would protect the caller from being sanctioned by the University for possession or consumption of alcohol, as well as a Medical Amnesty Policy, which would protect the student whose condition prompted the call from similarly being sanctioned. The applicable section of the Code of Student Conduct is 9(m) and section B21 of the Residence Hall Rules.
- ✦ The Office of Student Conduct and the Office of Rights and Responsibilities, depending on which office the student would be referred to, should take appropriate steps to prevent serious and aggravated incidents by habitual offenders in the administration of this policy. Any student whose condition has prompted a call for emergency services and subsequently exercised the Medical Amnesty Policy may be evaluated to determine if he/she should be required to participate in some form of substance abuse intervention program. The goal of this should be to identify and assess whether or not this student has a problem with alcohol abuse, to get him/her the necessary help, and to prevent the abuse of this policy by habitual offenders. This should be rehabilitative rather than punitive, and should not affect the student's judicial standing with the University.
- ✦ The University should closely monitor cases in which the GSP or MAP are used in order to assess the policy's effectiveness and mitigate any unintended consequences. This should include exit interviews with both a caller who invokes the GSP as well as a student whose condition prompted the call. Also, the University should track and periodically review important statistics related to these cases. The goal should be to ascertain how many students are using the policy, whether or not it tends to be the same students, and the number of emergency calls made. This will help administrators to determine the policy's effectiveness and to make any necessary adjustments to the policy.
- ✦ A strong educational component should accompany this policy:
 - Students should be educated on what the policy is designed for and how it works. The University should stress that, while not condoning underage drinking and dangerous behavior, its foremost concern is the safety of its students. The policy will only be effective in increasing the likelihood that a call is made if students know what protections the policy offers.
 - After discussing the policy with students at the forum and in surveys, it is clear to the Working Group that many current students cannot identify signs of alcohol poisoning and when a situation is serious enough that professional help is required. This policy cannot be successful if students do not recognize that medical assistance is needed in the first place. It must be stressed in this educational aspect what signs students need to look for when determining if someone is in need of help, and then who to call if/when it is determined that assistance is needed.
 - Educational efforts may include, but should not be limited to, the following:

- Floor meetings conducted by RAs going over both the policy and the warning signs of alcohol poisoning accompanied by posters in every hallway
- New student orientation
- Freshman classes such as UNIV100
- A major advertising campaign when the policy is first introduced, including fliers in residence halls and academic buildings, advertisements in the Diamondback, and an e-mail sent to all undergraduate students by the Division of Student Affairs

- ✦ Implementation of the policy into the Code of Student Conduct and the Residence Hall Rules should be charged to the Office of Student Conduct and the Office of Legal Affairs. It should include the elements outlined above.

APPENDICES

Appendix		Pages
1	House Bill 1273	13 - 15
2	Letter from Daniel P. Reardon, D.D.S.	16 - 17
3	GSP Open Forum Notes	18 - 25
4	SGA Ballot Results	26 - 26
5	University Student Judiciary (USJ) Survey Results	27 - 33

HOUSE BILL 1273

E1

9lr2333

By: **Delegates Valderrama, Anderson, Barnes, Carter, Conaway, Dumais, Gutierrez, Kramer, Lee, Ramirez, Rosenberg, Schuler, and Vallario**
Introduced and read first time: February 13, 2009
Assigned to: Judiciary

A BILL ENTITLED

1 AN ACT concerning

2 **Criminal Law – Limited Immunity – Seeking Medical Assistance for Alcohol**
3 **or Drug-Related Overdose**

4 FOR the purpose of providing that a certain person who seeks medical assistance for a
5 person experiencing an alcohol or a drug-related overdose may not be charged
6 with or prosecuted for a certain crime under certain circumstances; providing
7 that a certain person who seeks medical assistance for a person experiencing an
8 alcohol or a drug-related overdose may not be detained on a certain warrant
9 under certain circumstances; providing that a person who seeks medical
10 assistance for a person experiencing an alcohol or a drug-related overdose may
11 not be required to provide personal identifying information except for a certain
12 purpose of assisting in certain medical treatment; creating a certain exception;
13 providing that a certain person experiencing an alcohol or a drug-related
14 overdose may not be charged with or prosecuted for a certain crime under
15 certain circumstances; providing that a certain person experiencing an alcohol
16 or a drug-related overdose may not be detained on a certain warrant under
17 certain circumstances; providing that the act of seeking medical assistance for a
18 certain person may be used as a mitigating factor in a certain criminal
19 prosecution; and generally relating to limited immunity for seeking medical
20 assistance for an alcohol or a drug-related overdose.

21 BY adding to
22 Article – Criminal Law
23 Section 5-601.1
24 Annotated Code of Maryland
25 (2002 Volume and 2008 Supplement)

26 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
27 MARYLAND, That the Laws of Maryland read as follows:

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



Article – Criminal Law

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5-601.1.

(A) (1) A PERSON WHO, IN GOOD FAITH, SEEKS MEDICAL ASSISTANCE FOR A PERSON EXPERIENCING AN ALCOHOL OR A DRUG-RELATED OVERDOSE MAY NOT BE:

(I) CHARGED WITH OR PROSECUTED FOR POSSESSION OF A CONTROLLED DANGEROUS SUBSTANCE UNDER § 5-601 OF THIS SUBTITLE IF THE EVIDENCE FOR THE CRIMINAL PROSECUTION WAS OBTAINED SOLELY AS A RESULT OF SEEKING MEDICAL ASSISTANCE;

(II) DETAINED ON AN OUTSTANDING WARRANT FOR ANOTHER NONVIOLENT CRIME IF THE SEEKING OF MEDICAL ASSISTANCE IS THE REASON FOR THE ENCOUNTER WITH LAW ENFORCEMENT; OR

(III) REQUIRED TO PROVIDE ANY PERSONAL IDENTIFYING INFORMATION FOR ANY PURPOSE OTHER THAN ASSISTING IN THE MEDICAL TREATMENT OF THE PERSON EXPERIENCING AN ALCOHOL OR A DRUG-RELATED OVERDOSE.

(2) THIS SUBSECTION DOES NOT APPLY TO A PERSON WHO PROVIDED, SOLD, GAVE, OR EXCHANGED FOR OTHER GOODS OR SERVICES THE ALCOHOL OR DRUGS CAUSING THE OVERDOSE TO THE PERSON FOR WHOM MEDICAL ASSISTANCE IS SOUGHT.

(B) A PERSON WHO EXPERIENCES AN ALCOHOL OR A DRUG-RELATED OVERDOSE AND IS IN NEED OF MEDICAL ASSISTANCE MAY NOT BE:

(1) CHARGED WITH OR PROSECUTED FOR POSSESSION OF A CONTROLLED DANGEROUS SUBSTANCE UNDER § 5-601 OF THIS SUBTITLE IF THE EVIDENCE FOR THE CRIMINAL PROSECUTION WAS OBTAINED SOLELY AS A RESULT OF THE OVERDOSE AND THE SEEKING OF MEDICAL ASSISTANCE; AND

(2) DETAINED ON AN OUTSTANDING WARRANT FOR ANOTHER NONVIOLENT CRIME IF THE SEEKING OF MEDICAL ASSISTANCE IS THE REASON FOR THE ENCOUNTER WITH LAW ENFORCEMENT.

(C) THE ACT OF SEEKING MEDICAL ASSISTANCE FOR A PERSON WHO IS EXPERIENCING AN ALCOHOL OR A DRUG-RELATED OVERDOSE MAY BE USED AS A MITIGATING FACTOR IN A CRIMINAL PROSECUTION.

1 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
2 October 1, 2009.

Letter from Daniel P. Reardon, D.D.S.

Dear Members of the University Senate:

The question of reaching out to help one's fellow man is as ancient as time and is one of the pivotal questions in the Bible:

“The the Lord said to Cain, “Where is Abel your brother?” He said, “I do not know; Am I my brother's keeper?”

This same question is asked again in Luke 10:36, “Which of these three, do you think proved neighbor to the man who fell among the robbers?”

The Good Samaritan Parable.

My son, Daniel Francis Reardon, died on Valentine's Day, 2002 due to complications of a severe alcohol overdose due to a fraternity hazing gone awry at the University of Maryland. It was ascertained by the Prince George's County Police Department that Danny passed became unconscious around 11:30 and was sequestered in a separate room and supervised by six members of the fraternity to make certain that he was okay. None of them called 911 for fear of getting either Danny or the fraternity into trouble. The fire barn and EMT were less than ½ mile away, and that evening, the technicians waited around for the phone call that didn't come until it was too late. They found Danny dead at 3:30 a.m., and even then were able to resuscitate a non-beating heart and bring Danny to the Adventist Hospital, alive, but brain dead. Danny's mom and I had to make the decision the day before Valentine's Day to take him off of life support and say good-bye to our son forever.

Five days after Danny's death, I received a letter of condolence from Dr. Mote on behalf of the University:

“With a heavy heart I write to express my deepest condolences for the tragic loss of your son Dan. You are having every parent's nightmare. When my children were young, I spent many nights fearing the late night phone call that I hoped would never come. I suppose that I was anxious because I can remember many times in my youth when I did things that could have turned out tragically, but fortuitously did not. There is no replacing luck in life, especially to protect young men growing up. I regret deeply that luck eluded Dan. It could have happened so easily to anyone.”

I do not believe that this was a simple matter of good luck or of bad luck. I feel that the University policy towards alcohol and drug use had a direct role in Danny's death. Many of those in attendance at that hazing had cell phones in their pockets, and anyone of them could have made the call if the policy of the University of Maryland had encouraged that phone call. Each of those unused cell phones were a direct link to the EMT and could have saved Danny's life.

I am not eschewing that Danny also had a role in this matter, but it must be recognized that 44 states recognize that the environment of hazing is such a dangerous setting that they allow for both criminal prosecution and civil suits in this specific occurrence. It is well documented that the age group between 18 and 22 has a poorly developed ability to assess risk. It is for this reason that the Army sends 18 year olds into battle. Every university and college is all too well aware of this low risk assessment capacity in this age group.

I am certain that Dr. Mote and every member of the University Senate would want someone to make that call if one of their children were in danger. Without exception.

This issue of saving a life in trouble is a very different issue than the issue of the binge drinking and drug use on the university campus. And must be recognized as such. The one hundred or so college and universities that have in place a policy of no punishment when a life threatening situation occurs also have a track record of a use of this lifeline and a track record of getting post-emergency counseling and help for the victims.

But here again, it must be understood that the university administration and officials can only set policy and a tone toward the greater issue of binge drinking on campus. I believe that a solution for that can only come about from a change in attitude from the student body itself. From my point of view, it is a great privilege that we parents bestow upon our children giving them the opportunity for academic and scholastic training. For this to be wasted with alcohol and drugs is one of the great shames of our society and of our university and college systems.

So, I do write on behalf of Danny's lost voice in support of the efforts of the Students for Sensible Drug Policy that the University Senate will provide support for this initiative. But I feel that this is only ½ of the issue. The other ½ lies with the student body in creating a type of campus wide Danny Project to mirror a Danny Bill so that not only is there a balanced policy in regards to alcohol and drug use, but more important actions from the student body to change the culture of alcohol and drugs that is doing so much damage to our universities and colleges.

Sincerely,

Daniel P. Reardon, D.D.S.

GOOD SAMARITAN POLICY WORKING GROUP
OPEN FORUM – WEDNESDAY, MARCH 11, 2009 5:00pm-6:30pm

Due to the anonymous nature of the forum, no electronic recording were in use. Therefore, the following conversations are not verbatim and are derived from the notes taken by a neutral member of the Senate Office.

Members Present: Brad Docherty (Chair), Joanna Calabrese (Undergraduate), Lee Friedman (Faculty), Kevin Tervalva (Undergraduate), John Zacker (Judicial Affairs), Mitch Zuckerman (Undergraduate)

Members Excused: Sterling Grimes (Undergraduate), Anshul Gupta (Undergraduate), David Zuckerman (Undergraduate)

Senate Office Staff: Chelsea Benincasa (Coordinator)

Chair Docherty welcomed the student participants and called the forum to order at 5:08 p.m.

Chair Docherty gave background information on the Senate and its history with the proposed Good Samaritan Policy. He explained that the forum was designed to allow students to share stories, experiences, and firsthand knowledge on instances of alcohol induced medical emergencies.

The members of the working group introduced themselves. Chair Docherty explained that all stories will be kept anonymous. He opened the floor for stories and discussion.

Student #1: I was at a house party in an undisclosed area on College Avenue. Students were drinking and some were smoking marijuana. One student had a terrible anxiety attack and asked if anyone would bring him to the hospital, but everyone refused because the student was underage and engaging in illegal activity (underage drinking and smoking marijuana).

Docherty: The policy that we are reviewing does not cover drugs. It is strictly looking at alcohol related cases. Do you think that the students were hesitant to call because of his drinking?

Student #1: Yes, because one big factor in the decision of whether to take him to the hospital was that he was underage and drinking, and no one wanted to get involved.

Docherty: Do you feel confident in your ability to identify the warning signs of alcohol poisoning?

Student #1: Yes; I am twenty-five years old, and I've been in situations where people show the signs of alcohol poisoning and I've seen similar symptoms (i.e. "crying for your mother," passed out and not moving).

Docherty: If a Good Samaritan Policy was in effect, do you think that would have changed the minds of the people at the party so that they would have called for help?

Student #1: Well, I don't feel as if I can project, because of the drug use involved. I did not realize that this policy would not cover drugs.

Student #2: [Student #1] mentioned that he would know the symptoms of alcohol poisoning, but as a junior, I wouldn't know the symptoms. It would be important for the University to better educate students on the symptoms and what to do.

Docherty: Are you saying that the University should launch an education piece regardless of a Good Samaritan Policy?

Student #2: It would be good to add in an education factor to a policy like this.

Student #3: Because of the ambiguity of the signs, it is easy to think, "Oh, well, I am not sure if he is suffering from alcohol poisoning, so I am not going to call."

Student #4: I was reading an article in the Washington Post about a fraternity brother who died a while back at the University of Maryland from alcohol poisoning. He was at a fraternity party and passed out from drinking. His fraternity brothers periodically checked-in on him throughout the night, thinking that he was just "sleeping it off." However, it was in an alcohol induced coma, and he died. Of course, this is a sensational story that doesn't happen every day, but I do have a story from a friend from her freshman year. She just told it me; I have it here to read. She was at a formal party for her sports team, and she knew that she was going to arrive late to the party. So, she "pre-gamed" to catch-up. She drank many shots of alcohol quickly during the first twenty minutes of her time at the party. She apparently drank for hours, but cannot remember anything after those first twenty minutes. Eventually, some guys drove her back to her residence hall on campus. They put her in bed and she slept through the night. During the early hours of the morning, her roommate looked in on her and saw that she was pale white and shaking, but her roommate did nothing and did not call for help. Her roommate assumed that she was just sleeping it off.

Zacker: Do you think that if a Good Samaritan Policy were in effect, the students would have realized that she needed help and called? Do you think that they did not call because they were afraid of judgment from the University?

Student #4: I believe that instead of receiving judgment or punishment, it would be better if students receive counseling, in addition to being covered by a Good Samaritan Policy.

M. Zuckerman: What do you think happens when someone is judged by the University? What do you think is the sanction for underage drinking according to University policy?

Student #4: Well, you would be sent to the Student Judiciary Committee, and they would decide what happens. You may not get kicked out of your dorm, but there is always a chance and a fear.

M. Zuckerman: How would you feel if you knew that the maximum sanction you could receive would be losing two priority points and receiving probation—with no chance of getting kicked out?

Student #4: I think that it doesn't matter—even a moment of hesitation due to fear of University sanctions could lose a life.

M. Zuckerman: But what about police sanctions? Under this policy, we could not control what the police do.

Student #4: Well, it is my personal belief that we should have a statewide Good Samaritan Policy, but I understand that that would be a stretch. However, I believe that the number one goal of this University should be safety. Students care enough to be here—they want to be good students. The University perspective is important to the students. If we do the most that

we can (i.e. give medical amnesty), then that will at least give them a couple more minutes for help.

Student #5: There are limits as to what a Good Samaritan Policy can accomplish. But minimizing hesitation is key. The positives of this policy “ridiculously outweigh” the negatives.

Zacker: Yes, but isn’t it contradictory on the part of the University to give amnesty for something that is illegal?

Student #5: If the goal of the University is to punish students, then yes, it is. But, the goal should be to protect the students. And there wouldn’t be negative consequences, like abuse of the policy. Are members of the Student Conduct Committee worried that people would abuse this policy? Abusing a policy like this wouldn’t come into the “rational calculus” of someone’s thinking when deciding to call for medical assistance.

Docherty: We, on the working group, represent those who were asked to review this policy. We cannot make the policy, and some of our members do serve on the Student Conduct Committee. We will be making a recommendation based on our findings to the Senate as to whether the University should adopt a policy.

Friedman: There could be opportunities for repeat offenders, so we have to look into chances of abuse of policy.

Student #6: I’d like to point out that the penalty from the police is the equivalent of a speeding ticket. It’s minor when compared to the consequences of violating the Code of Student Conduct. It would be a civil sanction—not a crime.

M. Zuckerman: And you think that the civil sanction is less harmful to students than judiciary probation?

Student # 6 and multiple students: Yes. Absolutely.

Student #8: I have a story I’d like to share. In a residence hall, a guy got drunk in a room and became very violent. He started threatening everybody and even punched a couple people. He was making a lot of noise, so the students locked him out of the room, because they were afraid that the police would come and arrest them all.

Docherty: So, the students were drinking in their room in the residence hall and they showed fear of getting help.

Student #8: Yes.

Docherty: I also have a story relating to a residence hall. As a Resident Advisor (R.A.), I responded to a call for help. A girl was passed out from drinking alcohol at an off-campus fraternity party. Two of the fraternity brothers drove her back to her residence hall and they called the service desk. The fraternity brothers didn’t want to stay and talk, because they were afraid of getting their fraternity in trouble. As we waited for the police and medical assistance, I noticed that they kept inching away like they wanted to leave. The girl was underage, and they were worried. Thankfully, they stayed. But it brings up the question of whether the Greek community, student organizations, or athletic teams present unique situations. What happens when younger students are driven back from off-campus parties so that they are then under University Code regulations?

Student #9: Well, if members of groups are together drinking, there only has to be a certain number (i.e. three members), before they are recognized under the University policy has having an organization party and could be punished accordingly.

Zacker: That is true.

Docherty: So what could we do about addressing those unique issues?

Student #9: I guess we could be the first University to take strides toward protecting groups as a whole.

Docherty: Under this proposed policy, we are not reviewing that possibility.

Student #10: I am 22 years old, but when I was 20, I lived in the Leonardtown residence community. We drank alcohol and had parties frequently. There were times when students were unconscious and nobody ever called. I wouldn't have expected anyone to call for help for me. Our rationale for making those decisions was that there was a "95% chance that they'll sleep it off."

Docherty: Did you ever doubt yourself or your decisions not to call for medical assistance?

Student #10: It happened a couple of times, yes. But being subject to judicial University penalties negatively tipped the scale in my decision-making of whether to call.

Student #11: I am a senior now, but when I was a freshman, there was a girl in my hall whose boyfriend was either in high school or from another university. They went to an off-campus party and got completely wasted. Her boyfriend was extremely drunk and practically passed-out; someone put something in his mouth and told him that it would "make it better." It turns out that what they slipped him was LSD. He ended up getting violent and dangerous. But everyone wanted to wait it out and monitor the situation. They tried to restrain him. They decided to take him back to our residence hall. When they got there, there were plenty of sober people in the hall. And everybody, including the sober people, hesitated in calling for help.

Docherty: How much of the fear do you think was about the students not wanting to get in trouble and how much of the fear was for him, since he was underage and had taken drugs?

Student #11: I think it certainly was a mix of both; but even though he hadn't accepted the drug—it had been forced upon him—they were still scared.

Tervalva: I have a story to share that just happened to me recently. I passed by a person's room on my hall that I don't know, and I noticed that a party was going on inside. Thirty minutes later, I heard a person screaming. A boy had taken somewhere between 8-10 shots of alcohol and he slammed his head on something and was gushing blood. People were running around frantically trying to decide what to do. Before they even called their R.A., they were deliberating the options. Every single person who had been drinking left the room and ran. The only people who were left when they called for help were the injured boy and his roommate.

M. Zuckerman: I would like to pose a question. Aside from police sanctions or University sanctions, what else plays a role in determining whether someone calls for help? For instance, what about cost of medical transport? Or, what about your [Student #10] personal wishes?

Student #10: People don't think about those costs, because there are some federal rules that allow anyone to utilize the Emergency Room, plus these are students who are paying tuition for college, so I don't think cost is a significant factor. My personal wish of not having anyone call on my behalf was because I would not want to feel guilty if they received repercussions because of me and it turns out that it wasn't really that serious.

Student #12: I think how long the consequence will stick matters more. For instance, a punishment is a punishment. Students are not thinking about fees. They are not the same as University sanctions.

M. Zuckerman: What about when parents find out?

Student #12: Well, I can only speak for me, but that definitely wouldn't be a factor in my thinking process.

Student #13: I am a junior and a couple of years ago I was about to go to a party on College Avenue, but before I left I was stopped by a few of my hallmates. They told me that their friend had taken about eleven shots of alcohol in four minutes. I was able to revive him, but my worry is that if my hallmates hadn't been able to locate me, I don't know what they would have done.

Docherty: What knowledge did you have to be able to handle the situation?

Student #13: I had been taught by an EMT program back home. And they sort of looked up to me as an older student.

Docherty: If you had also been drinking, would you have called for help?

Student #13: I have the maturity to know to call for help when someone needs it, so if I could have, I would call and take the licking.

Zacker: You say that you would be the one to "take the licking" for making the call. Why do you say that?

Student #13: Well, I believe that 'no good deed goes unpunished.' Other people would certainly not have called. Even these guys were trying to dissuade me from calling; I believe that "the law is a poor parent."

Docherty: Here's a different scenario to discuss. Since I am an R.A., I know that there is a response process to answering calls for help. I am going to call on a fellow R.A. to answer this question—[Student #14] do you think that having a Good Samaritan Policy in place where students could directly call for help would help save time?

RA/Student #14: Yes, because the process takes about fifteen minutes. Time is crucial in these cases. By the time someone calls the main desk, they switch the call to me, I get to the scene, and then I call the police and EMT—it can take a bit of time. Also, even with my residents, who are over age twenty-one, they still appear to have hesitance before calling for help. Why is this?

Student #13: I think a problem is that the ratio of underclassmen to upperclassmen in the high-rise residence halls isn't good. Many of these kids are young—freshman and sophomores—who are immature. At the beginning of their academic careers, they have just tasted freedom and are wilder than ever. And they view their R.A. more as a parental figure than a big brother or sister.

RA/Student #14: But we'd like to see that calling for help is their immediate reaction. Why is there still hesitancy even in older students?

Calabrese: It could be because they are having parties where underclassmen might be present and they don't want to get into trouble.

Student #12: The fact of the matter is that students are still drinking and breaking the rules and needing medical help. In terms of the University being contradictory, isn't it more contradictory that the University is basically saying 'we'll punish you if you do the right thing?'

Student #4: I also read about brain development, and it appears that the brain is still developing even after age eighteen—especially in the areas needed for making judgment calls. The first thing students are going to think when something bad happens is "will I get in trouble?"

Student #13: There is a huge lack of maturity in the young students at first, and if we have a Good Samaritan Policy, it can create a culture of safety and freshmen can become educated. People might not give the advice of calling for help to freshmen right now.

Student #15: I am twenty-nine years old, and once while I was at a party I blacked out for two hours. No one called until I had been out for an hour and a half. An EMT came and found that I was ok.

Docherty: Why do you think it took them so long to call?

Student #15: Because they viewed the authority figure as the enemy. Even the person who called wasn't drinking.

Student #10: If you are in the mindset that the authority figures aren't on your side when you are eighteen to twenty-one years old, when you turn twenty-one that mindset isn't just going to immediately change.

Student #4: Has setting up a mechanism for anonymous calls been discussed in the plans for this policy?

Zacker: This working group did not consider anonymous calls. But in the past, it has been considered. Anonymous calls may help, because students are not only fearful of University punishments, but they are also afraid of their parents finding out, and of embarrassment.

Student #4: I don't personally think so, because students are here on campus and their parents are away. Parents might get angry, and they could call and yell for a few minutes, but it certainly wouldn't be a factor for me.

Zacker: That may be true for some, yes. But the real fear with anonymous calls is that someone would call for help and then everyone would leave the person in need alone.

Student #9: I understand that [Docherty] described earlier than the Senate is looking for data-driven research, but if this policy saves one person from having one minute of hesitation—that could save a life. And if people disagree with that, then they should be the ones to call the parents in the morning.

Docherty: We must prove that there is a problem that students fear to call for help, which this policy would address. If we can put provisions into a policy to offset potential negatives and create a policy that is tailored enough to help the majority of students in need, then I would agree with your statement.

Student #15: But how can you gather data from parties from which nobody calls for help? How could you know that there were people in need if no one calls? How else would you find out that alcohol-induced medical emergencies are a problem unless people call for help regardless of a policy?

Student #16: I was walking back to my house, and I was near Fraternity Row. On the other side of the street there is a fence that separates off-campus from campus territory. Right next to the fence I saw three girls looking crazed and frantic. I crossed the street and asked if they needed help. There was a person passed out on the ground, and he was extremely clammy and didn't look good. I decided to call for an ambulance, because he was still off-campus. I would certainly have been hesitant to call if he was on the other side of the fence, on campus. When the EMTs arrived they couldn't even get the gurney to him; they actually had to lift him up and put him on the stretcher.

Docherty: Why would you have been hesitant to call if he was on campus?

Student #16: Because of University sanctions. I assumed they were all underage. The girls really didn't want me to call. They kept saying, "We don't think you should call." I actually stepped away from them before I called. But the next day I got a Facebook message from one of the girls thanking me for calling. The boy had his stomach pumped at the hospital.

Friedman: Do you know what the University sanctions are? (**Student #16 came in late; he was not present when M. Zuckerman posed the same question to Student #4).*

Student #16: Yes, I do. The student would be sent to the Judicial Board and then it would be up to Dr. Zacker and the council to make a determination as to what would happen next.

Zacker: Right, well the situation is that there is a societal perception of police as the enemy.

Student #10: But the police would still have discretion in determining sanctions, as well.

Student #16: The University can't do anything about the law, sure, but what we can control is whether the Code will charge students.

Friedman: Do you agree that police sanctions are less harmful than Code sanctions?

Student #16: Oh, yes. Definitely. I'm interning in legal affairs, and I've sat in chambers with judges and watched as they give unsupervised probation and a slap on the wrist to underage offenders. But in regards to the University Code sanctions, students will have to report that they received a judiciary sanction on applications for graduate school, medical school, law school. And those applications have specific wording that reads, "Have you ever been *charged...?*," as opposed to the United States judicial system, which mandates that applications ask, "Have you ever been *convicted...?*"

Student #4: Dr. Linda Clement said that we pretty much use a Good Samaritan Policy with discretionary tools anyway, so there really should not be any fear of harsh penalties. So I don't understand why we don't just put it in writing. The Student Government Association has gathered more than three hundred names on a petition for a Good Samaritan Policy, and no one who was approached declined to sign.

Student #10: On a side note, I told my mom on the phone that I was coming here tonight to speak in support of a policy, and she was like, "Oh yeah, I support that for sure."

Student #16: Remember, when our parents were our age, the legal drinking age was eighteen. There are many reasons why the drinking age is twenty-one now, of which I will not go into all of them, but mostly it is due to red tape and highway regulations. However, the point is that drinking in college is a part of life. People are going to do it no matter what regulations the University has. But the top priorities are safety and the well-being of the students. In my opinion, the goals of this University should be to help and protect the students, inform the students, and guide the students. College in its entirety is a learning experience. Learning does not always just happen in the classroom.

Docherty: We thank you for your thoughts and stories. We are certainly going to utilize this information as we move forward. We are considering suggesting a trial period of the policy, which might help to gather some of the data we need. You have provided invaluable testimony.

The forum adjourned at 6:32 p.m.

Submitted by: Chelsea Benincasa

Spring 2008 SGA Elections Ballot Results

In the Spring of 2008, the University of Maryland Student Government Association placed two questions on its Spring 2008 SGA Elections Ballot.

The questions, along with the results, are listed below.

Ballot Question 1A: Do you support the adoption of a Good Samaritan Policy which would shield students from University-based punishments if they called emergency services to receive help as result of drug and/or alcohol use?

Yes: 94%

No: 6%

Ballot Question 2A: Would you be more inclined to call emergency services to receive help as a result of drug and/or alcohol use if a Good Samaritan Policy were in place?

Yes: 93%

No: 7%

University Student Judiciary (USJ) Survey

(this survey was submitted ONLY to the student members of the USJ)

Please keep this survey confidential until the University Student Judiciary decides to release it.

Total Started Survey: 42
Total Completed Survey: 42 (100%)

Question	Response Percent	Response Count
1. What USJ Branch do you serve on?		
Central Board	19.0%	8
Honor Council	26.2%	11
Resident Board	23.8%	10
Education Team	7.1%	3
Community Advocate	16.7%	7
Appellate Board	7.1%	3
<i>Answered Question: 42</i> <i>Skipped Question: 0</i>		
2. Are you 21 years old or older?		
Yes	64.3%	27
No	35.7%	15
<i>Answered Question: 42</i> <i>Skipped Question: 0</i>		
3. Do you live on campus?		
Yes	54.8%	23
No	45.2%	19
<i>Answered Question: 42</i> <i>Skipped Question: 0</i>		

4. Based on your current knowledge, what is the punishment for a first time alcohol offense?

Loss of priority points	61.9%	26
Educational Sanction (ex: AlcoholEDU)	61.9%	26
Suspension	9.5%	4
Warning	50.0%	21
Housing Probation	54.8%	23
Disciplinary Reprimand	16.7%	7
Expulsion	2.4%	1
Disciplinary Probation	14.3%	6
Loss of Housing	2.4%	1
None	2.4%	1

Answered Question: 42

Skipped Question: 0

5. What do you believe a reasonable punishment for a first time alcohol offense?

Loss of priority points	40.5%	17
Educational Sanction (ex: AlcoholEDU)	59.5%	25
Suspension	4.8%	2
Warning	69.0%	29
Housing Probation	35.7%	15
Disciplinary Reprimand	19.0%	8
Expulsion	2.4%	1
Disciplinary Probation	9.5%	4
Loss of Housing	2.4%	1
None	4.8%	2

Answered Question: 42

Skipped Question: 0

6. If a friend were seriously intoxicated, would you be concerned with the future consequences when deciding to call for help?

Yes	50.0%	21
No	50.0%	21

*Answered Question: 42
Skipped Question: 0*

7. Is so, what future consequences would you be concerned with?

Friend's Wishes	21.4%	9
False Alarm	16.7%	7
Permanent Record	47.6%	20
Police	47.6%	20
University Sanctions	47.6%	20
Friend's Reputation	11.9%	5
Parents	31.0%	13
Personal Inconvenience	9.5%	4
Hospital Bill	19.0%	8
Disapproval of Friends	9.5%	4
Other	4.8%	2
I would not be concerned with future consequences when deciding to call for help	35.7%	15

*Answered Question: 42
Skipped Question: 0*

8. Have you heard of the proposed Good Samaritan Policy?

Yes	95.2%	40
No	4.8%	2

*Answered Question: 42
Skipped Question: 0*

9. The Good Samaritan Policy currently under review by the University Senate would grant amnesty to students who call 911 with concerns about seriously intoxicated friends. As currently proposed, this policy would only cover alcohol violations under the Code of Student Conduct and the Resident Hall Rules. The proposed policy would not protect the caller from any violation other than alcohol (ex: lying to a Resident Assistant or destruction of University property). Furthermore, this policy would have no impact on how police may act when they arrive at the scene. Do you support this proposed Good Samaritan Policy?

Yes	90.5%	38
No	9.5%	4

*Answered Question: 42
Skipped Question: 0*

10. Please explain your support or disapproval of the Good Samaritan Policy as a member of the University Student Judiciary?

1. I would rather someone make the decision to call for help regardless of consequences but if it takes the implementation of such a policy to get people the help they need I fully support it. Someone's life is always more important than punishing them.
2. The policy makes sense in all respects. Safety must come before any concern for consequences after the fact.
3. I think if I was under 21 I would be even more worried about doing the right thing. That concern should not exist when people's lives are potentially in the balance.
4. Students' safety is top priority. If this policy is necessary to protect this safety, then it must be enacted.
5. The Good Samaritan Policy could possibly save lives. The hesitation that students feel because of punishments for themselves and friends could be harmful and/or deadly. Alleviating some of that pressure off of the caller/friend could be a great way to help.
6. In a life or death situation, students should not be worried about helping a friend versus being reprimanded. With the Good Samaritan Policy, a student would not endanger their friend(s)' lives further by having to weigh their own consequences against the decision.
7. Its good
8. Isn't this already a policy outside the University?
9. I support this because the university's priority should be to ensure the safety of its students, and by granting amnesty to "good samaritans," it encourages students to help their seriously intoxicated friends.
10. I think it will entice campus residents to be more proactive regarding helping their friends and peers in times of crisis.
11. Doing the right thing to preserve health/life is more important, in my opinion, than punishing it. I feel that this legislation would allow for more students to get the help they need in an alcohol related incident.
12. I think if someone is in serious trouble, one should not have to worry about what will happen afterwards. In the end, what is most important is that everyone is safe. And to better promote safety I think the good samaritan policy should be in effect. No one should be punished for trying to help

someone, and students who would call for help should not be deterred by the threat of punishment. It is not fair for anyone

13. I believe that a student's health and safety should be the University's number one concern. The health and well-being of the student body should take precedence over disciplinary goals.

14. I can't see how it would hurt. As far as I understand it there may still be consequences for this misconduct it would just be that they don't get the maximum which could be potentially losing housing or something

15. The good Samaritan policy really gives students a way out of trouble. What is to stop them from when an RA knocks on a door, to call for help, thereby protecting them from harm. Though it has good intentions, the good Samaritan policy will be used as a loophole in a judicial code that has far too many loose ends as it is. The judicial code is not terribly strict on individuals that are caught drinking as it is, and the sanctions need to be upheld. By giving into this policy, I do sincerely believe that we are opening up to a gateway of drinking and alcohol consumption at this University.

16. If such a policy gets students the help they need when they are severely intoxicated then it is worth it to have.

17. I think the number one priority should be student's safety. Without the Good Samaritan policy, I think a situation would have to be very dangerous before a student would call 911 on behalf of a friend if they are intoxicated themselves. Students are very concerned about getting in trouble as well as about getting their friends in trouble. There is a lot of pressure between friends to have each other's back and keep each other from getting caught. I think the Good Samaritan policy would at least remove the question in a student's mind about getting in trouble themselves if they are trying to take care of a friend. I'm an RA who is conscious about enforcing the drinking policy and I don't drink myself and I still feel this way.

18. It's safer and healthier for everyone involved

19. As members of the University Student Judiciary we have many duties and considerations when we sit on the board. This includes balancing the integrity of university policies with fairness towards those who are being charged with violating the Code of Student Conduct. However, all of these duties are intended to do one thing: benefit the university and thus benefit the students. Thus, when I analyze the usefulness of the Good Samaritan policy my main consideration is the safety of the students. Although not all students consider future consequences when a friend is in need, some certainly do. For the dangerously intoxicated friends of those who do, the Good Samaritan Policy ensures they immediately receive the help they need. I understand that some believe it is irresponsible for the university to grant amnesty to students for violating university policy. However, it is even more irresponsible for the university to put the safety of dangerously intoxicated students in the hands of their intoxicated friends who may not be able to logically assess the risks of getting in trouble vs the benefits of helping a friend when they are in such a state of mind.

20. If something can only help a situation, and not hurt it, then I support it. In this case, the chances of saving people from serious injury who are seriously intoxicated is beneficial to enact this policy.

21. Questions 4 and 5 do not specify if the first time offense yields a board finding for the standard sanction. As such, my opinions are based on the severity of potential situations. If presented this question when I was under 21, I would have supported this policy, but now being over 21 I do not. I am concerned that having a Good Samaritan policy may promote underaged drinking while not breaking students' fears of calling in an event. Thus this policy would have the exact opposite effect. I would need to see data from other universities before I could make a definitive decision. But if students are going to drink underaged, they should bear the consequences if they played a negative role.

22. Students should not have to worry about personal consequences if they are calling for help for a friend. A student could simply ignore the health of another student if they are concerned about getting in

trouble or ruining their college career because of consequences linked to alcohol use. Good Samaritan policy would allow for students in need to get help and those calling the police/medical service can have peace of mind that they won't get in trouble and helping a friend in need.

23. All people should face responsibility for their actions and should be held accountable.

24. I think the USJ should support the policy, as the welfare of friends should come first before anything else. Punitive measures are sometimes a concern when friends want to call for help, and there should be no reluctance to do so. Therefore, I think this policy would go a long way to resolving this issue. I know that some may be concerned that this policy will be abused, but the offenders should also take alcohol.edu and have a disciplinary reprimand as well, or face harsher consequences. I would also support this policy if it were extended to drugs as well (the offenders would have to meet with University officials and take a drug course after as well).

25. I support this policy as it protects the caller from helping their friend who is in need of assistance. However, as it is structured, it has a major philosophical flaw. The assumption is that the student calling for help only cares about his or her self and the consequences for themselves. But this student, almost by definition, is concerned about their friend who needs help. But I feel the biggest deterrent from getting help is the fear that the intoxicated student will suffer dramatic consequences. What if a sober roommate or designated driver wants to help a friend, but they know their roommate has nowhere else to live if he loses housing? Protect the student who can not make decisions for themselves in that state, so that the ones who are making the decision have no disincentive to make the right decision for them.

26. I approve of this policy because it will help save lives and stop unnecessary penalties from hurting students who make irresponsible decisions.

27. I believe that this policy will make it less likely for students to underestimate the situation that their friend is in. If they know they cannot get in trouble they will be more likely to play it safe and call the police if their friend is in trouble.

28. Students are often too afraid to call when doing so is critical. Therefore, incentives should be offered to make doing so less overwhelming. Although it seems selfish, the safety of our students necessitates a certain amount of leeway in the alcohol policy if it is to be most effective at preventing dangerous incidents which often go unreported.

29. I support the Good Samaritan Policy because realistically not everyone who drinks is 21. I would rather be safe than sorry. I do not think a person should have to suffer to help a friend. However, if you have never been in a situation where your friend is in trouble you will be worried about the consequences of yourself, who is probably a little intoxicated as well and of your friend who is most likely underage. The last thing you want to do is have your parents know or have your reputation questioned. Therefore if students know this option is available I think more alcohol related incidents can be avoided.

30. There should be no reason why someone cannot make a call to help a friend that could potentially be dying in a situation like this. Some people are capable of doing things based on what their own repercussion may be, but at the same time some won't. Regardless if this was passed this would give those who thought twice to call without wasting time and potentially causing harm to their intoxicated friend.

31. I support this Policy because some students might be less likely to call for help of an intoxicated friend if they have also been drinking and are under age. However, my fear is some under age students will take advantage of this Policy in order to avoid consequences.

32. I support the Good Samaritan Policy. More than hurt I feel it would help when dealing with intoxication situations. People would not be worried about the consequences of calling for help. They would call right away. Also, calling for help for a friend does not constitute punishment in my eyes.

- 33.** It can help save lives!
- 34.** I think it's more important to help people who are sick than to punish those who break the code.
- 35.** It would lead people in the right direction to do the right thing without consequences.
- 36.** I think student's who make the hard choice to call for help when their friends are in trouble should be rewarded, not get in trouble for doing the right thing, regardless of whatever role they might have played in the situation escalating to a level that requires formal assistance.
- 37.** If the GSP helps in even one case, it would be worth what I see as a relatively minor cost (not being able to charge callers with alcohol offenses). I think a GSP is good, but what about more education about symptoms of alcohol poisoning? I think there are very few students who wouldn't call if they KNEW help was needed, but plenty who would hesitate if they weren't sure.
- 38.** I support it because I think student safety is priority. It is more important that a student is treated instead of punished for a bad decision.
- 39.** In the college environment, where underage alcohol use is rampant, it is important that care for others is prioritized over fear of sanctions. While it is necessary for students to understand the consequences of their actions, particularly those in violation of University and state laws, it is also important that students take care of one another. There still must be sanctions for those who call the police to help a friend, but the fact that the act was one of care and concern is a definite mitigating factor.
- 40.** It would help guarantee that individuals put safety above the potential fear of negative repercussions. The university cannot keep students from choosing to violate the alcohol policy. It can help make sure that if a bad decision is made, it doesn't have to have life-threatening consequences.
- 41.** I support this Policy because I think a life is FAR more important than any possible sanction!
- 42.** I believe it could lead to unintended consequences that would hurt the goal of the policy.

Answered Question: 42
Skipped Question: 0